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ion of information unless it contains a valid CMB control number.

Substitute for form 1449A/2TO	Comp	Complete if Known		
	Application Number			
INFORMATION DISCLOSURE	Filing Date			
STATEMENT BY APPLICANT	First Named Inventor	OUFRESNE		
•	Group Art Unit			
(use as many sheets as necessary)	Examiner Name			
Sheet 1 of 2	Attorney Docket Number 3	3113-1		

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